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DISEASED SPLEEN, IN A CHILD.

BY JAMES AYER, M.D., BOSTON.

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THE little patient was perfectly well at birth, but was attacked with whooping cough when two months old, and had a severe course of the disease, with occasional convulsions. The early stages of teething passed along without special trouble. Whilst cutting the canine and molares, however, he suffered much from diarrhoea and sympathetic irritation of the stomach. At this period I occasionally prescribed for him. At length the diarrhoea took on a chronic character; the discharges were milky and of thin consistence, though not particularly offensive. The abdomen was considerably bloated, and flatus was freely evolved—presenting an unusually large and prominent appearance for a child 2 years old. He was occasionally troubled with pain of the left side, but manifested no disinclination to lying on it. Soon after the mother thought she perceived a greater degree of fulness of the left side—and at times, a bunch under the false ribs. My attention was first directed to the side in September last, when a very perceptible tumor was found beneath the false ribs, corresponding to the elevation of the spleen. A slight degree of tenderness was manifested on pressure, and in the movements of the little patient. The tumor became gradually more prominent and circumscribed, and assumed the appearance of enlarged spleen. The treatment adopted was mild alteratives of submur. hydrarg. and hydrarg. c. creta, and friction externally with stimulating liniments. Afterwards hydriod. potass. and syrup ferri iodid. were perseveringly employed. The tumor, however, increased; the urine became high colored and scanty, and ascites began to manifest itself, with constipation of the bowels. The child became very much emaciated, though he had a good appetite. Paracentesis abdominis was performed, and seven pounds of serous fluid evacuated. Considerable relief followed the operation, and the tumor could be felt at the time very distinctly. The child was tapped five or six times in all, at intervals of from two to four weeks; the last time, shortly before its death, ten pounds of fluid were drawn. The appetite was morbidly great, almost from the commencement of the disease. Diuretics appeared to have but little effect in controlling the serous effusion. Tinct. digitalis in-

ternally was the most successful; when applied externally, in liniment, its effect was scarcely perceptible. During his illness he voided, at times, a small quantity of bloody pus, a large scab, and a pin somewhat corroded. At the last tapping, only a day before death, the abdomen was perfectly diaphanous. My treatment commenced early in September, and closed, at his death, the 10th of February.

Autopsy.—Twenty-six hours after death, assisted by Dr. Moore, I made an examination. Subject emaciated to the last degree, abdomen very prominent, and walls transparent; skin smooth and glossy; lungs resonant on percussion. On making an incision through the peritoneum, found no adipose tissue interposed between it and the skin. The abdominal walls were not thicker than a sheet of drawing paper. A pint or more of serum was found in the cavity. Intestines healthy externally, but distended with flatus. Lungs healthy, and crepitant throughout. Pericardium contained two or three drachms of serum: heart a little large, but cavities and valves normal. Liver enlarged somewhat, its substance healthy; the gall-bladder contained three drachms of bile, of a dirty yellow color. Stomach healthy externally, but firmly adherent nearly throughout its larger curvature to the arch of the colon. This adhesion was very strong, and consisted of the epiploon. At the left of the stomach the spleen protruded, enlarged, and adherent to the stomach and intestines. On breaking up the adhesions, this organ was found to be hypertrophied. Externally of healthy appearance—its weight about eight ounces. Its structure was firm and hard, and studded throughout thickly with tubercles, a few of them slightly softened. A patch near the centre of the viscus had a scarlet hue, and the appearance of carnification. The protruding spleen corresponded in situation to the prominence felt externally. The stomach externally healthy; contained a little fluid. The colon adhered to the peritoneum, as well as to the spleen and stomach. Two passages were observed in these adhesive bands, with the appearance of ulceration, but they could not be traced to the cavity of the intestines. The colon at the adherent portion, on the left side, was irregularly contracted and contained scybala. The intestines were generally filled with flatus, and puffy. The kidneys were large, nearly double the usual size; the right healthy, and ureter perfect; the left contained one ounce of healthy urine, the ureter enlarged to size of a goose quill. A probe could be passed only two inches; the lower portion of the ureter was imperforate. The bladder was healthy, and contained half a pint of urine.

Three things are worthy of note in this autopsy. The extensive and strong adhesions; the enlarged spleen and its diseased structure; and the left kidney with its imperforate ureter. It is a subject of interesting speculation to determine what, if any, connection existed between these two distinct seats of disease. The kidney evidently was capable of secretion, but had not, probably for a long time, transmitted urine to the bladder. The right kidney was unable to discharge the duties of both, and hence we may clearly trace the ascites.

The diseased condition of the spleen may have produced inflammatory action of the stomach, the neighboring intestines and omentum, result-

ing in the strong adhesions described. Or possibly the source of irritation was within the intestines, producing contraction of their diameter, and causing inflammation of the surrounding organs.

March 15, 1852.

PIORRY ON PLEXIMETRY AND AUSCULTATION.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Continued from page 99.]

THE address necessary in pleximetry, is best attained by percussion with the index finger, which I always use, except occasionally the middle or ring finger. The left hand is inferior to the right, as an instrument of percussion—and hence the rule which I have constantly followed, viz., not to percuss with one hand or one finger alone, but with both hands, and with all the fingers in turn, as often as convenient, while learning the practice of this art. While, in this manner, one acquires the habit of using both hands, he arrives at results which he could not do if confined to the use of one only; for, in many cases, the parts or organs are so situated that percussion could not be employed if confined to one hand exclusively. Besides the inconvenience of percussing both sides of the chest with the same hand, we arrive at different results when we use both successively; a sensible difference in the dullness or sonoriety is thus distinguishable. I cannot imagine how this fact escaped me during the twenty-four years that I have used the pleximeter; only that I know, that in these sciences (medical) we know little as yet. We do not often get beyond the analogy of the facts observed, and we find it difficult to act in accordance with fixed rules, at the moment when a fact is discovered by observation.

Whenever we percuss the posterior part of the chest, the lung of the side corresponding to that on which we are placed, appears more dull than the other: this is because the bodies of the vertebræ are in the direction of the shock or blow. When we percuss the angles of the ribs, we find dullness. I have often observed the possibility of errors in grave diseases, in this way. To avoid this, we should percuss perpendicularly the surface of the ribs, whether inside or outside of their tuberosities.

I have often asked myself the question, why is the right index finger superior to all the others, for percussion? Certainly it is not on account of the sensibility which the others lack; it is not, that the shock made with this finger is sharper. Whence, then, comes this difference? Without doubt, from an organic change of sensibility, by the habit of using it; by education; a modification which has not taken place with any of the others.

In using the pleximeter, it should be held lightly at first, and then more firmly, so as to depress the soft parts. In some cases the shock should be strong; in others moderately so; and, again, quite light. Sometimes we should percuss successively, in every manner, the same

place; but the pleximeter should be invariably held in perfect contact with the surface at all points.

I have never exaggerated the benefits of percussion; my only end being to cause it to be appreciated, as a means of physical diagnosis, which will thus lead to practical results. I wish to publish the following facts, in addition to my large work.

[These "facts" are in part peculiar theories, and foreign to the subject, except in so far as they relate to the pleximetrical results of examinations of cases treated by some methods claimed to be new; but as they may be no less interesting on account of being out of place, they have been included.—*Trans.*]

1. The influence of common salt on the spleen, in periodical disease and fevers, is analogous to that of soluble quinine. From one to two drachms of salt, dissolved in one or two gills of gruel or broth, and taken, either by the stomach or rectum, will reduce, almost instantaneously, to a considerable extent, the volume of the spleen, when enlarged. Soon after this treatment is commenced, the violence of the paroxysms of fever is diminished, or it entirely disappears. Slight periodic chills are almost always caused by an alteration of the spleen from its normal state; and both the chills and the pathological condition of the organ, are remedied by the salt.

2. I wish to call attention to the beneficial results of iodine, in the form of tincture and vapor, in the case of tubercles. Hydriodate of potash is made use of in some cases with equal benefit.

[Here M. Piorry relates several cases which presented all the physical signs and rational symptoms of tubercular phthisis, far advanced, which were cured, or apparently cured, by the use of vapor and tincture of iodine; he also applies iodine locally to scrofulous ulcers.—*Trans.*]

Those physicians who criticize my doctrines most severely, are precisely those who have taken little notice of either my writings or my practice; but those who have followed my clinics, have partaken more or less of my views. But I remain very indulgent to their opinions, and only wish that my professional brethren would study the merits of my doctrines at the bed-side.

[To be continued.]

TWO CASES OF OBSTINATE HEMORRHAGE, ONE OF WHICH WAS FATAL.

BY A. CHAPIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following two cases of hemorrhage were read at a recent meeting, before the Middlesex East Medical Association, and by request are furnished for the Journal. The first of the two cases has been erroneously reported in the papers, under the caption of *bleeding to death from pulling a tooth*.

CASE 1.—*Death caused by Hemorrhage from the Gum.* Feb. 2d,

of the present year, I was called in the night to see a lady, Mrs. Lock, of Winchester, bleeding from the gum. It had commenced in her sleep, at a point attached to a stump of the right central incisor tooth, and bled with alarming profuseness. The patient was, to appearance, more than 30 years of age; of an exsanguious aspect, and much debilitated by the wasting effects of a long and irritating *eczema* covering her entire system. In a course of medication for subduing this disease, she had used Plummer's pills, which had produced moderate pytalism, but from which pytalism she had for some weeks been recovered.

The hemorrhage I readily checked with lunar caustic and the application of a small compress, held in contact by a cork pressed up between the teeth. Some thirty-six hours after, I was called again; the blood had been flowing for some time. The protruding fang being in the way of making suitable pressure, I removed it, and covered the surface with cotton dipped in a strong solution of sul. copper, crowding it also into the socket; applied a compress, and found it again checked. The following night I was sent for, and found the blood oozing from an extended surface, which had been laid bare by the caustics. From that time great perplexity existed in arresting it. Consultations were held; the most active styptics, as catechu, tannin, matico, also alum, sul. copper, mur. tinct. iron, were successively applied. Pressure in different ways was thoroughly tried. The gum was repeatedly touched with a pencil of nit. silver, and with the actual cautery, and a ligature was put around a portion with a hope of enclosing the artery. But all were attended with only temporary benefit. The blood seemed too dilute to coagulate readily, and the bloodvessels too weak to contract.

At length, eight days after the commencement of the bleeding, and when it had flown almost continuously for near a week, it was checked effectually by the use of creosote, applied with a camel's hair pencil and a compress of sponge, aided, no doubt, by the exhausted state of the bloodvessels. Her pulse had then considerable strength; and though dark sordes had accumulated about the teeth and mouth, though partial coma, jactitation of the limbs, meteorism and general putrescency had supervened, the free use of tonics, stimulants and animal broths, sustained, and for a few days seemed to improve her appearance, and gave hope of recovery.

On the morning of the 15th, thirteen days from the commencement and three days after the suspension of the hemorrhage, she was delivered of twins, of three months advance. The flooding was not unusual in quantity, but was more than in her weakened state she could afford, and she afterwards sank with an exacerbation of her typhoid symptoms, and died three days afterwards, on the 17th.

During its continuance, the case was taken from my hands, and for some days was managed by a homœopathist from Boston, but with no manifest result. It will readily occur, that a typhoid diathesis was the probable predisposing cause of its obstinacy.

CASE II. *Hemorrhage from Leech Bites.*—Simultaneous with the preceding, and commencing on the same day, another case of bleeding occurred in my practice, almost as obstinate and perplexing.

For a child, about six months old, suffering with pulmonary congestion, I prescribed a couple of leeches of *medium* size, one to be applied to the chest to relieve the lungs, the other to the temple to relieve determination to the head which was complicating the case. When I called the next day, I found that, contrary to my directions, leeches of a very large size had been procured, and, as might have been expected, the bites were bleeding profusely, and could not be checked by the family. Compression but partially stopped it, and was uncomfortable and tiresome to the head, and cramped and oppressed the motions of the ribs. I at once used a pencil of lunar caustic, and stopped the flow of blood. A few hours after it had recommenced, having been started by the violent coughing of the child. I again stopped it with the lunar caustic, put over the wounds pieces of adhesive plaster, and over the whole repeated coats of collodion. These appeared at the time efficient, and *ought* to have proved so; but the coughing started one after a little time, and at the end of twenty-four hours the other covering gave way from the same cause.

The child had now bled almost continually for more than *four* days, and the general perturbation had become excessive. It was extremely weak, pale and exsanguious, with a moribund expression of the countenance; the pulse at times almost ceasing, and hydrecephaloid symptoms very marked. Instead of mere leech-bites, there were extended open eschars, produced by the caustic, not less than three quarters of an inch in diameter, and exuding blood from the whole surface. A full variety of styptics were tried, with no better success; when Dr. H. J. Bigelow, of Boston, recommended the removing compresses and coverings of every sort, and exposing the bleeding surface to the constringing influence of the atmosphere, on the principle that the compresses, together with the coagulated blood, served as poultices to heat and relax the bloodvessels. The method was adopted, with the addition of an occasional application of mur. tinct. of iron with a camel's hair pencil. The iron was also given to the mother and child internally. Under this method the flow of blood speedily diminished, and at the end of twenty-four to thirty-six hours we had the satisfaction of finding it entirely and finally stopped.

But here, too, as in the former case, there is reason to believe that the exhausted state of the bleeding vessels aided much in the final result, and that in both cases *nature* was the most potent and skillful operator. With the arrest of the hemorrhage, the child rallied and is now recovered. This patient, also, had been severely diseased with a cutaneous affection. A crustaceous scab covered the top of its head and much of its face, and the same disease, in minute eruption, spread over the whole system. Sulphur and calomel had been given internally, and a weak citrine ointment cautiously applied to the head to disperse it.

Winchester, Mass., March, 1852.

PANAMA FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed a few weeks since, in your valuable Journal, some account of this fever, from the Western Lancet. As some cases of it have come under my notice, I am disposed to send you a few words on the subject. Probably the cases occurring were in constitutions somewhat different from those seen by the writer of the above-named article. Yet in many respects we can perceive the disease presenting similar features, and demanding like treatment, with but one or two exceptions.

When the news of the discovery of a western Ophir came to these shores, the first among us to seek for its treasures were a class of individuals who had spent the greater portion of their lives upon the sea. With strong bodies and stout hearts they thought to endure any hardship with little difficulty. But after a voyage of six or eight months, in the capacity of passengers, they were ill prepared for the coming trials, in a land at that time hardly affording the necessaries of life. After spending one or two years with a variety of success, many with prospects less fair than when they arrived, they were disposed to return homeward, with a troubled mind and constitutions shattered by a climate to which they were unused. Many, from necessity, took a course to return, which in the end was prejudicial both to purse and health. Arriving at the Isthmus during the rainy season, they were fit subjects to contract all the diseases which might be found there, in addition to those which they yet suffered under from their previous life in California. Most of them say—"I had a diarrhoea or dysentery so many days before I arrived at the Isthmus"; or "I had the chills and fever so many times during my voyage down the Pacific." Others, "I was sick on board the steamer from the Isthmus, and took medicine; thought that the doctor had cured me." The majority of the cases have occurred here during the latter part of winter, and the spring months. Those who arrive in early autumn would seem to escape the disease almost entirely.

By whatever name it may have been designated, the disease has, here, presented the following symptoms. A cold stage, with chills, lasting from ten minutes to an hour, followed by great heat and thirst. Pulse small and feeble during the cold stage, but full and strong when the fever was at its height. Great nausea of stomach, with vomiting of dark bilious and fetid substance in large quantities, which in some cases resembled coffee grounds. The bowels were costive generally. An acute pain at the sternum, so great as to hinder respiration, extending around to the left side, and finally becoming fixed in the region of the spleen. Also great pain and throbbing about the temples, and in some cases, while the chill and fever were on, the patient was delirious. Tongue coated with a dark, thick, yellow fur, with an offensive and fetid breath. When there was an operation of the bowels, it resembled that ejected from the stomach, and was very offensive. The fever would hardly seem to have had its round, in some cases, before

the patient would be harassed with the same over again ; others go to the third, seventh, and twenty-first day.

Contrary to the treatment in the article referred to above, calomel has been the remedy to remove the congested state of the system ; and after its alterative action on the system was perceptible, then quinine had the desired effect. If used before, it seemed to aggravate the disease. Some peculiarity of constitution may have been the cause why it has thus acted as an excitor of the disease here. Calomel, combined with quinine, in alterative doses, was used when the fever was somewhat abated ; and in still later stages, quinine with an occasional mild cathartic. Where there was much irritation of the bowels, opiates were used with good effect. Occasionally, blisters, counter-irritation, and warm applications to the bowels, were employed with benefit. The disease has seemed to have had a peculiar tenacity upon the system ; for, during six or eight months after the disease has to all appearance subsided, any little irregularity in diet or exposure to a change of atmosphere has brought on a chill in some, and in most a fever, which for several days would present all the features of the first attack. In these cases an emetic has had the desired effect in removing the congested state of the system, followed by mild cathartics, and quinine in combination with arsenic (Fowler's solu.), which has eventually eradicated the disease. A debilitated condition of the bowels has followed in some cases, so as to demand strict regimen in diet and a course of tonics, to restore the depraved state of the system.

It may not be out of place, perhaps, to mention, in connection with the above notes, a disease which has afflicted those who have spent much time at the mines in California, viz., *diabetes insipidus*, which has enfeebled their constitutions to such a degree that they are obliged to return home, although they may have used many remedies previously. They attribute the disease to improper food, drinking river-water, and standing for several hours in the water, in a stooping posture, raising burdens. After their arrival here, they complain of a dull pain in the lumbar region, extending forward to the pelvis and urethra ; a constant desire to pass urine, which amounts to some ten or fifteen pints in twenty-four hours ; great thirst and depraved appetite ; bowels constipated, and dryness of the cuticle. The disease seems to speedily yield to strict regimen in diet, one or two portions of alteratives, and mild cathartics, followed by demulcents, copaiba and opiates, with small doses of tinct. lyttæ. Change of climate no doubt has much agency in the return of the parts to a healthy action.

Respectfully yours,

Suffolk Co., N. Y., Feb. 22, 1852.

DELTA.

TREATMENT OF DISEASES OF THE AIR-PASSAGES AND LUNGS—
NEW AND OLD REMEDIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As I have formerly furnished several articles for your valuable Journal upon this subject, particularly upon the use of nitrate of silver,

both by inhalation in the form of an impalpable powder, and in solution, I trust you will allow me a small niche for something further bearing upon the same subject.

I think there is danger in treating diseases of the *air-passages* with this salt; but the danger does not arise from a free application of it, in a concentrated form, or even of the solid *stick*, provided its application is confined to the *diseased* part. Here it may be applied in its full strength. But, when by carelessness, or inadvertency, or through ignorance (as is often the case by those who are not regular practitioners), it is allowed to *cauterize* parts which were originally sound, it does mischief. It augments the original disease. It does even more than this—it *causes* disease where none originally existed. When an undue quantity of a solution of *nitras argent.* is introduced into the larynx, as there is reason to believe has sometimes been the case, and when this operation is often repeated, as some repeat it, there is a disease produced upon the subjacent parts, which too often causes the patient to *feel*, and the skilful physician to acknowledge, that "the remedy has been worse than the disease."

To prevent such an effect, great caution should be used, if the throat syringe is employed, that but a very *small quantity* of the solution is injected at once into the trachea. If a large quantity is thrown in, it will necessarily affect, and that injuriously, those portions of the mucous membrane of the trachea which are in a state of health. I may be in error upon this point, and I would certainly not wish to intimate that others are less cautious in the use of this remedy than myself; but I cannot suppress the conviction that I have had patients apply to me, who have received injury rather than benefit from a *too liberal* use of even this good remedy. Perhaps others have found the same bad results in some of my patients; if so (and I pretend to no infallibility), it shows only a greater reason for these remarks.

As I have referred to the use of the *syringe*, it may be well to speak of it in *comparison* with the use of the *probang*. It seems as though any one who has used the latter, must, upon employing the first named, find it altogether superior. It passes the epiglottis much more readily than the sponge, and discharges its contents much more speedily. Indeed, it may be done so quickly that the patient shall scarcely be conscious of the operation, till it is all over.

It is singular that any physician, at the present day, and at the present stage of medical science, should contend that the epiglottis cannot be passed, and the larynx and trachea entered, either with the probang or syringe. Yet, strange as it is, there are those who still adhere to this old notion, and maintain as strenuously as ever that it is an impossibility. What is still more strange (if anything can be strange in an itinerant lecturer) is that the whole operation (no matter what instrument is used) is represented to be all a *gum game*—that no physician, either with a probang or syringe, ever passed *below* the epiglottis. This has recently been made a matter of ridicule before a promiscuous audience in this city. With what pretensions to science, such a statement can be made, those can best judge who may have

been fortunate enough to have heard it from the mouth of such a Galen. Others have maintained that a powder composed of *lycopodium* and *nitras argent.* cannot be conveyed by inhalation to any depth into the air-passages, sufficient to produce any good effect; and, also, if it could be conveyed even into the lungs, it would prove injurious. Now it seems to me that this whole objection arises from not considering the nature and the mode of preparing the powder. The *lycopodium* is one of the lightest and most impalpable kind of dusts that can be produced, and the compounding of the powder does not consist in *mixing* pulverized *nitras argent.* with this more than levigated substance; but the *nit. argent.* is *dissolved* in water, and then mingled with the *lycopodium*, thus forming a mass of moist powder, or dough, which, when thoroughly dried, may be almost as readily inhaled as the pulverized *lycopodium* alone could be.

So far as I am aware, it has never been supposed that a large quantity of this powder, *thus prepared*, actually entered into the air-cells of the lungs, though it is more than probable that a portion of it does. Nor has this mode of treatment, so far as I am aware, been directed so much to disease of the *lungs*, as to laryngeal, tracheal and bronchial diseases. In my own practice, I have always expected much more benefit from treating diseases of the *tubes* with the powder, than in treating diseased *lungs* with it; while in diseased lungs much more reliance has been placed upon the inhalation of *vapors*. That the powder, as compounded above, does induce the diseased mucous membranes of the above-named tubes to take on a healing action, seems to me not to admit of a doubt. The *stronger* the powder, the more beneficial, in general, are the effects. That made from a *saturated* solution of the water with the silver, and the *lycopodium* fully moistened with *this water alone*, works much the best.

That there are cases in which this powder cannot be used; cases in which, if it is used, injury and not benefit will result; is, also, beyond a doubt. In some, the powder is too stringent. It produces hemorrhage, and, if its use be continued, will prove highly disastrous. But this effect is not confined to the use of the *nit. argent.* in *powder*, for the same effect is sometimes produced by the use of the solution, and also by the application of the solid salt. In all such habits it is better to discontinue the application of this salt in *any* form, and depend upon other remedies. The *powder* is *no more* injurious in such patients than the *solution*, or its use in any other way.

Where the *lungs* are really diseased, we can never speak with much confidence of the *recovery* of the patient; yet it is well known, from the proof of dissections, that many such have recovered. The difficulty with the physician is, to know whether, in a given case, it will prove to be one of these or not. In general, he may give his *prognosis* that the patient will *not recover*. He can readily ascertain whether the lungs are diseased, or not; but, when he has done this, it is not so easy for him to say *how long* the patient may live, or whether he may not finally recover. I have now a patient who has lost nearly the whole of one lung; who has had tuberculization going on for two years, and

who would often appear, to one not acquainted with the case, as near the close of life; yet on the whole, there is about as much vitality, strength and vigor remaining, as there has been for the last year; and I should be unwilling to give a *prognosis* that she will not live another year, or that the disease may not stop with the destruction of one lung, and the patient live many years and enjoy tolerable health.

In all cases of diseased, phthisical lungs, it seems desirable to try the inhalation of *vapors*, and the best mode of inhaling them is to saturate the air of the patient's room with them, and let him breathe it naturally. In this way the vapor of iodine, morphine, nitrate of silver, nitric acid, and many vegetable substances, may be employed, and they may prove highly salutary. I have known the simple vapor of g. assafœt., tolu, rosin and copaiba, prove very *comforting* (though not fragrant) to irritable lungs; and any harmless agent, if it affords but temporary relief, ought to be tried in such cases. But we should never, while employing topical applications to the air-passages, or using inhalation, lose sight of the necessity of looking after the *general health*. If we do this, all our local remedies will be likely to prove abortive. In our rugged climate, invested as we are with a tegumentary covering, the same internally as externally, we are continually exposed to colds, and inflammations of the mucous membrane of the air-passages and lungs. The acute attacks of these, being neglected, become chronic, and all vitiation of the secretions and relaxation of the solids of the body tend to perpetuate these attacks. Hence, we should be ever watchful against any sudden check of the perspiration. Then, the *digestive* organs frequently demand our attention. If these fail to discharge their proper functions, and do not present to the absorbents a due quantity of well elaborated chyle, the blood will become impoverished; and as long as this state of things remains, however potent may be our local remedies, our patients will certainly run down.

We have, in this connection, another idea presented, namely, that how much so ever attention a physician may specially devote to *one class* of diseases (and it is not denied but that by being oftener called to treat certain diseases he may acquire more than ordinary tact and skill in them—indeed, it would falsify the old proverb that “practice makes perfect,” if he did not), yet still, if he does not understand the whole subject of pathology and therapeutics, he cannot really be supposed fully adequate to treat any *one* disease. There is reason to fear that some physicians and many patients are deceived in this matter. The science of medicine is a *whole*; and the axiom is as true here as in natural philosophy, that, while the *whole* includes all its parts, a *part* does *not* include the whole.

Then, as to the *kind* of remedies used—physicians are too much inclined to make a *hobby* of particular remedies. While one is in vogue it is prescribed for almost every disease. I have a story on this point, relating to an event which occurred several years since, and previous to my entrance upon the medical profession. A patient called upon a physician, of no mean standing and no little skill, really as well as by reputation. He received a recipe, comprising several medicines to be

compounded into one, to be taken thus compounded, and was directed to procure it at a shop named. He went and presented the recipe, as directed. The man of the shop glanced at it and smiled. "Why do you smile?" said the patient; "is it not *right*?" "Yes," replied the apothecary; "I was only thinking that the doctor goes in strongly for that medicine to-day. The man you met at the door had a bottle of it, and I have put up twenty since morning." It is possible this preparation was indicated in all these patients, but it is scarcely probable.

There are, also, constantly *new* remedies coming up, which too often prove to be but old ones revived. They have their day, and again are forgotten, to be "re-revived and again to die the same." We have recently had a specimen in the administration of *phosphate of lime* for phthisis. Somebody out West discovered this remedy, and stated it to the profession through a medical journal. Immediately half the physicians in the land are found prescribing it for phthisis. Apothecaries who have had a few ounces of it standing on the shelf for years untouched, are drained. They manufacture new quantities, and are soon drained again. They ask what it means. The whole medical profession are prescribing *phosphate of lime*. They rise upon the price. From nine pence an ounce it goes up to double that sum, and is "quick" at that. But *phthisical* patients still die, and the medicine becomes, as formerly, a *drug* in the market.

Now there are some good omens and some bad ones in this state of things. It is well to see the guardians of the public health, and the last resources of the sick, ready and willing, in a disease which, to a great degree, has baffled medical skill, to employ any remedy which gives even a promise of relief, or which any one has found beneficial in a single case; but, on the other hand, it certainly argues a versatility or disposition to change, which rather indicates that little confidence can be placed in physicians. They *ought* to change any mode of practice, and adopt any new remedy, when they are convinced that it is better than the old. This shows some of the benefits of medical associations and medical journals. They are the mediums through which the whole profession are made acquainted with the success of any one remedy or course of treatment; and if any valuable discovery is made, the general good certainly requires that all the members of the profession should be made acquainted with it. The use of *phosphate of lime* in *phthisical* patients, or in patients supposed to be of a *phthisical diathesis*, however, is *no new thing*. We may truly say of this remedy, in its present use, "the thing that is, is that which *has* been."

Almost thirty years ago, I knew a student in Brown University, who was feeble, and supposed to be *phthisical*. He applied for medical advice to Dr. Levi Wheaton, of Providence, whose death has been chronicled in your Journal within the last year, and who departed from us, at the good old age of almost a century. Well was he called the *patriarch* of medicine in the State of Rhode Island, and no man is, or has been, more worthy of this honorable appellation within the last century, in this or any other State of our Union. He was skilful, courteous and

communicative, and his counsel highly valued to the last. At the period referred to, he prescribed *phosphate of lime*, in ten-grain doses, for our phthisical student, to be continued for a long time. Whether it proved beneficial or not, cannot be so positively decided as another thing connected with the case, which is, *that that patient yet lives*. He might have lived without it. One thing is certain, he took it, and it did not kill him, nor has he yet died of phthisis. To what extent Dr. W. was in the habit of prescribing it, in similar cases, the writer does not know. But he may safely say, the medicine is not *new*, nor *newly* used, only as *old* things are *often* apt to become *new*.

I apprehend that, upon careful investigation, we shall find the largest part of the professed new remedies, recommended as almost *specifics* in diseases of the lungs, are but old ones exhumed, to be again soon interred in their former oblivion; and it might be a mark of wisdom in medical men to search the old archives of the profession before giving them the appellation of *new*. New discoveries and new inventions are not so numerous as is generally supposed; and when any new thing is discovered, there is frequently more than one claimant. Somebody else has stolen somebody's "thunder." We have had a few specimens of this in the ether and collodion controversies; and since some of our *newspapers* have proclaimed a course of lectures by a very distinguished jurist upon a medico-legal subject, as the *first* of the kind ever given in Boston, it has come to light that one distinguished professor has lectured upon the same subject for forty consecutive years, and another eminent instructor, in a large and excellent medical school, has delivered a regular course of the "same kind" to his pupils for several years. Now, as many great men have been lost, because *others* have lived before them, so we are inclined to believe it is wise not to call *old* things *new*, *too soon*; and, "as honesty is the best policy," it may be well not to seem desirous of *coveting*.

W. M. CORNELL, M.D.

Boston, March, 1852.

CALOMEL AND SODA AS A CATHARTIC.

[Communicated for the Boston Medical and Surgical Journal.]

FOR the past four years I have been in the constant practice of using calomel and soda combined as a cathartic. During this time I have rarely used calomel clear, or in any other form whatever as a purgative. This has been my common, every-day purge, upon which I have principally relied to operate on the liver and bowels at the same time. And I am thoroughly convinced that in the union of these two articles there is a therapeutic virtue developed, that is not to be found in either one alone to so great an extent. I had prescribed calomel alone, calomel and jalap, calomel and rhubarb combined, for a number of years in this western country, but find that calomel and soda combined far surpass them all in virtue and merit.

Comparing its merits and operation with those of calomel alone as a cathartic, I find that it is much more certain, and rather more prompt

in its operation—requiring rarely to be followed by any other cathartic. It requires much less to produce a given purgative effect. From ten to forty grains of calomel produce no greater an operation than one to three of calomel when combined with three times this quantity of soda. Now this amount of soda would have no purgative operation whatever when given alone; and no one would think of depending on one grain of calomel to produce catharsis in any common case. There is evidently, then, a great gain in power in the use of this article over calomel used separately. It is productive of much less *pain* and *exhaustion*. Its movements are so easy and insidious, that patients accustomed to the gripping effects of calomel scarcely have time to get on the stool until it is *quite too late*. It is sometimes the case that during its operation one feels quite prostrated; but this is followed by a vigorous re-action, and the loss of strength is scarcely perceptible. I have never known it in my practice to produce *soreness* of the *gums*, *ptyalism*, or *ulceration* in any part, though it is quite unaccountable how soda should prevent the tendency to these effects. Some writer has remarked that alkalis have the opposite tendency.

The above opinions are conclusions to which I have arrived by a thorough and candid trial of both calomel alone, and calomel and soda combined. And these are corroborated by Dr. J. R. Bradway, my former partner, and other eminent physicians of this State.

The first time I used this, or knew of its being used, was four years ago last December, in my own case, while in the city of New York. I had been living and practising in the miasmatic West for the previous eleven years; and although I had never had an attack of fever, still my system was more or less debilitated, and my liver and bowels quite torpid. For this I consulted Prof. Dickson, who advised me to take one grain of calomel at bed-time for a number of nights in succession, and drink an infusion of Peruvian bark. Preferring to take the calomel in the form of pill, I united it with some six or eight grains of sup. c. sod., and formed into pills by hard soap. I took this at 10 o'clock, P.M., and although my bowels had been thoroughly constipated for a number of days, I had a thorough operation by 7 in the morning, and some three more followed in quick succession. At first I attributed the movements to the setting in of a diarrhoea following constipation; but by using it in a few days again in my case, as well as in that of others, I found the same effects to follow its administration as in the first instance, though not quite so thorough. I had been using soda as an anti-acid freely, but without any cathartic tendency whatever, and in uniting it with the one grain of calomel, my object was to give bulk, and also to neutralize acid in my stomach, with which I had been very much troubled. When I returned home in the spring, I had the most satisfactory demonstration of its efficacy as an anti-bilious purge, for there were some old cases of habitual tendency to attacks of torpor of liver and bowels that had troubled me exceedingly to physick. There was one man in particular whom I had treated for this trouble, and whom I had given within twenty-four hours forty grains of calomel, as much jalap, near half a pound of salts, a large quantity of castor oil, injections of

jalap and senna, &c. And after all this mighty array of cathartics and injections, still the result was a trifling purgation, and the patient *gradually* recovered. These cases were easily operated on by the use of 3 or 4 grs. of cal., and from 10 to 20 grs. of soda. This dose was all that was necessary to purge the case alluded to above, "to his heart's content," and in such cases it has never failed to do the business promptly and thoroughly.

In a common case, I give 2 grs. cal., well levigated, with from 10 to 20 grs. of sup. carb. soda in molasses. This will almost always operate by morning, if given at bed-time. Dr. Bradway unites them in the proportion of 1 cal. to 3 of soda; but I have generally united them in the proportion as 1 cal. to 5 of soda.

After the liver and bowels have been thoroughly operated on, the medicine has much less effect, and I therefore desist for a few days, or entirely, for the obvious reason that the important indications are fulfilled.

H. HUNT, M.D

Delavan, Wis., February 26, 1852.

ABERRATION OF DENTITION.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Oct. 16th, 1851, I. W., aged 7 years, was presented on account of an indolent abscess, situate on the left side of the chin, over the "depressor labii inferioris," and immediately below the circle of the "orbicularis oris." It is unnecessary to give the appearance of the ulcerous opening. The history of the case is this. Six months previous, the boy was kicked by a sharp shod horse, which produced the wound on his face; and a physician being called, pronounced it a simple integumentary incision, without fracture of the os maxillary. The wound healed readily on simple dressing, but subsequently suppurated and continued indolent until the time I saw him. I assured the parents of the child that no doubt some foreign substance was within its confines; but the child being timid, and the parents equally so, I was not allowed to examine it further. I applied a single dyachylon emp., and, on removing it several days subsequently, a tooth presented itself externally and was removed, proving to be an incisor of the temporary set (the fang being entirely absorbed or wanting). What is singular is, that the mother, at the time of his being kicked, removed one of the permanent incisors (he having at that time shed all his temporary incisors). I am of opinion, therefore, that this was a supernumerary tooth, being forced from its alveolar socket by the accident above referred to, and remained enclosed in the integuments until its removal.

CASE II.—Mrs. A., aged 35, presented herself on the 19th ult., and requested me to remove a polypus from her nose, she having been advised by a friend of its dangerous character. On examination, a tumor of an *osseous* character presented itself to view, arising from the floor of the nasal cavity, about ten lines behind the external meatus. I administered chloroform, and seized the dragon by its proboscis, which

on removal proved to be a tooth, one of the permanent incisors. She did not recollect whether she cut all her teeth while a child, neither does she remember receiving at any time in her life any injury in the region of the os superior maxillaria. Query—How came this tooth in the nose?
S. L. HERRICK.

Three Rivers, Mich., March 2, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24. 1852.

Water-curing Establishments.—Massachusetts is becoming a favorite place for these establishments, either on account of the love of the people for aquatic indulgences, or because the hydropathic practitioners have discovered that the inhabitants are particularly predisposed to submit themselves to the last and newest form of medication. An enumeration of the large and small water-cures in the Commonwealth is not intended; but that they are too plenty for the prosperity of each other, if not for the good of the community, is not to be questioned. Charles Munde, M.D., who speaks of himself as being "*the earliest disciple of Priessnitz living, and now the oldest hydropathic physician existing—his writings on water-cure being in the hands of every European hydropath,*" has opened a place at Northampton. Those who go there for treatment, are to provide themselves with two woollen blankets, two comforters or a feather bed, three or four linen sheets, and six towels and some old linen. True economy might dictate the removal of all the patient's worldly effects to Northampton at once, where the price is only \$10 per week, with \$5 for the first consultation, whether the individual enters or not. It would seem that these hydropathic hospitals have had their day, and are now gradually dying out. It is reasonable to expect some new kind of medication soon to take their place. The field is clear, and the runners after new doctors and doctrines are always in readiness.

Massachusetts General Hospital.—A report of the trustees has appeared, giving a full and complete account of the institution, in the fewest words. The capital invested for income consists of \$32,758 93, in real estate; 135,349 75, in stocks; and \$29,303 69, in notes secured by mortgage. Last year 839 patients were admitted. Annual expenses of the hospital, \$31,365 11.

At the McLean Asylum for the Insane, a department of the hospital, within the past year there were 364 patients. Dr. Bell's report is, like all his papers, distinguished for its good sense, propriety of expression, and a full measure of that best of all ingredients, a judicious exhibition of practical wisdom. His plain history of the introduction of the Cochituate water into the Asylum—the movement of the city of Charlestown in regard to the hydrants, the expenses of which were intended to have been saddled on the trustees, like the old man of the sea on the shoulders of Sindbad the sailor, is related in a way that gives to it the charm of uncommon interest. We like the independence of the doctor in giving

the meddlers a rap over the knuckles. "The reflecting portion of the community," he says, "need little caution against the tittle-tattle arising against asylums for the insane, mostly from unrecovered patients and servants discharged for mal-conduct." Our friend, Dr. Dale, whose name heads the report of the trustees, is precisely fitted for the position. He has a sound heart, a clear head, and nothing will suffer from neglect that is confided to his care.

North American Homœopathic Journal.—A large, finely-printed quarterly, with three editors' names on the title-page, comes from New York. It of course cannot be as interesting to us, as to the advocates and practitioners of the system it advocates. The article on the provings of Drs. Watzkl, Wurmb, Zeiner, Von Zlatarovich, and other unutterable names, is intolerably heavy—it has lead in it, without doubt, in allopathic doses. The review of Dr. Hooker's recent work on homœopathy did not surprise us at all. The author no doubt anticipated an attack. But it is powerless. Dr. H. is abundantly able to sustain himself against a fortress, manned by such arguments as are presented in this labored paper. The good temper in which it is written, however, redounds to the credit of its author. There is no reason why gentlemen should irritate each other with personal abuse, because they happen to differ in opinion upon any subject. Literary and scientific men achieve for themselves distinguished honor when they reason with each other in courteous language.

Connecticut Medical Institution.—In the course of the ensuing summer, Dr. Hooker, of Norwich, will remove to New Haven and assume the professorship of Theory and Practice of Medicine at Yale College, and Dr. Ives will go into the chair of Materia Medica. Dr. I. is a truly venerable instructor, being now 73 years of age, but full of love and devotion to his profession. With the introduction of an active, talented lecturer, in the department first named, there is no doubt of the infusion of increased energy into the institution, that may help to extend its influence. Dr. Knight has no superior in surgical demonstrations. His extensive experience, and his bland and fatherly kindness towards the students, has always made him extremely popular. Dr. Henry Bronson has resigned his chair. He is an able lecturer, and the corporation part from him with extreme reluctance.

Examinations of Drugs.—For some weeks past we have been hoping for a sight of the work to which this notice refers; and, on perusing it, the gratification has equalled the expectation. Dr. Peirce evinces industry, which is a recommendation to public favor, while the exact character of the examination of each subject is sure to gain the confidence and consideration of the great professional family to which he belongs. While very many are solemnly predicting that medicines ere long will be of no importance, and others trust to doses scarcely recognizable under a microscope, it is fortunate for the reputation of the nation, and the good of the sick, that Congress, in its collective wisdom, has taken the precaution to insure the importation of none but genuine articles of the materia medica—allowing each and every individual to take or let them alone when once fairly introduced into the country. To such an abominable system of adulteration had the drug business been reduced, before the action of the

government, that it was beginning to be extremely difficult to procure even the simplest roots or barks, that had not undergone deteriorating processes and mixtures; and with respect to chemicals, it was impossible to be certain whether they were good or bad, without subjecting them to specific tests. It is now a settled fact that whatever drug or medicine passes the ordeal of the custom-house inspection, carries with it an evidence of its true value. Dr. Peirce alludes to the fact of home deceptions in medicinal preparations, which cannot be reached by government; but all intelligent apothecaries who have a particle of regard for their own reputation, will of course coöperate with physicians in discountenancing frauds that may peril the lives of their fellow-beings. Dr. Peirce has rendered the profession an essential service, in directing how to detect these cheats. Without knowing, we suspect that the author may have been a pupil of Prof. Horsford, of the Scientific School at Cambridge, as there is discoverable in his directions the nice and conscientious care which characterizes that gentleman's mode of analysis. If this is Dr. Peirce's first introduction to the commonwealth of authors, we congratulate him on the success of his labors and the flattering prospect before him.

Epidemic Constitution of different Seasons.—Dr. J. F. Garrison, in a report to the State Medical Society of New Jersey, has the following remarks on the peculiarities which attach to diseases in different seasons.

"Whoever has watched diseases for a term of years, must have felt convinced that there are *constantly* at work agencies, pervading and extensive, so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in locations the most different in physical condition, and dissimilar in their meteorological phenomena; and this not merely in causing the outbreak of rushing epidemics, which seem to be caused by some special influence, and to be subjected, each one, to laws of its own, but in moulding the type of disease, making it now sthenic, now the contrary; now inflammatory, rapid, and, if left to itself, almost invariably fatal; now mild, and tending, in the great majority of cases, to recovery; at one time implicating the lungs, at another the bowels, and at another the brain; making treatment which was useful last year, useless or injurious during the present. And so continually are these influences in operation, that there is hardly an injunction of more consequence to the practising physician than that which directs us to study well 'the epidemic constitution of the season.'

"We have a curious fact in illustration of these remarks in the present extensive prevalence of a disposition to purulent deposits in the external tissues of the body. These have been so common here for the last few months, that a considerable moiety of the community has been afflicted with them. Some have had whitlow; others have been worried with a succession of crops of boils; and abscesses of every variety of form and location have abounded, from those on the eyelid, containing merely a few drops of matter, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces. From conversations with other physicians in the neighboring districts, I have learned that this form of disease is by no means limited to our immediate vicinity, but prevails extensively in various sections of this portion of the State. Nor is it confined to this continent alone; both the *Lancet* and *Ranking's*

Abstract speak of its prevalence in London. The author of an article upon it in the latter has even dignified it with the name of the 'furunculoid epidemic.'

Early Medical Times in Cincinnati.—Two discourses, delivered before the Medical Library Association, by that veteran in Medicine, Daniel Drake, M.D., beautifully printed and covered, a copy of which has just reached us, give a graphic history of the profession in the queen city of the West. The author has been intimately associated with all the men and all the movements which have given a moral, literary and scientific character to Cincinnati, from the very beginning. His recollections are treasures of instruction; and his tact and agreeable manner of relating the reminiscences of the days of his youth in the West, give additional interest to whatever he relates.

Massachusetts Medical Society—Southern Medical District.—The following persons were selected delegates to the American Medical Association meeting, to be holden at Richmond, Virginia, in May next. Dr. Fearing, of Nantucket; Dr. Wilber, of Fall River; Dr. Haskell, of Rochester; and Dr. Folsom, of New Bedford. E. COLBY, *Secretary*.

Medical Miscellany.—The degree of M.D. was lately conferred on a woman at the medical college, Cleveland, Ohio, says the *Times*.—In the town of Shirley, Mass., two brothers, a sister and their mother, have committed suicide within a few years. This shows a hereditary tendency to insanity—for there was no assignable cause for self-destruction. One family in this country, through all its ramifications for one hundred and fifty years, has exhibited, in a very extraordinary degree, hereditary insanity.—In Tennessee, \$8000 has been appropriated by the Legislature for the completion of buildings for the use of the deaf and dumb.—Dr. John W. Draper is president of the Medical Faculty of the University of New York.—A circular of huge dimensions is scattered about from a female doctor in Providence, R. I., in which she sets forth what she can do in the way of relieving the sick, which runs on thus—"to stop bleeding from a wound; cure cramp in the stomach; how to get religion; relief for a cough in consumption." &c. &c.—The class in New York Medical College is stated to be about double the number of last year.—Dr. Alfred Hitchcock, of Fitchburg, Ms., came passenger in the Steamer Niagara, at this port, on the 15th inst., after a six months' professional tour in Europe. Dr. H. had an opportunity of witnessing the surgery at the Parisian hospitals consequent on the coup d'état of Napoleon last fall.

Suffolk District Medical Society.—The meeting of this Society, for medical improvement, will be held at their rooms, Masonic Temple, on Saturday evening (27th inst.), at 7 1-2 o'clock. It is expected that Dr. Bowditch, of the Committee to whom was referred the investigation of the causes and frequency of intermittent fever in Massachusetts, and particularly those cases which have occurred in the town of Chelsea within the past year, will read a paper, embracing their report, at this meeting.

Deaths in Boston—for the week ending Saturday noon, March 20th, 64.—Males, 32—females, 32. Accidental, 1—apoplexy, 1—anaemia, 1—disease of brain, 1—bronchitis, 1—consumption, 18—diarrhoea, 1—dropsy, 2—dropsy of brain, 2—drowned, 1—erysipelas, 2—scarlet fever, 1—hooping cough, 4—disease of heart, 1—intemperance, 2—infantile, 4—inflammation of lungs, 6—disease of liver, 3—marasmus, 2—neuralgia, 1—old age, 1—peritonitis, 1—disease of spine, 1—teething, 4—throat disease, 2.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 7—over 60 years, 9. Americans, 23; foreigners and children of foreigners, 41. The above includes 6 deaths at the City institutions.

Death of M. Gannal.—The Paris obituary list of the last week in January contains a name of some celebrity, that of M. Gannal, the inventor of the new embalming system. His career was a singular one. Apprenticed to an apothecary in early life, he imbibed that taste for, and acquired that knowledge of chemistry, which subsequently proved so serviceable to him. At the commencement of the century, the conscription forcibly took him from his favorite studies. In a short time, he became attached to the medical corps of the French army in Germany, and was present at some of the great battles of Napoleon against Prussia and Austria, and formed part of the medical staff in the Russian campaign. In the disastrous retreat which followed, he was taken prisoner at Wilna, but on four occasions succeeded in making his escape, and was as often recaptured. After a thousand adventures by flood and field, in 1815 he returned to France, where his acquirements soon obtained for him a place in the School of Pharmacy, and he made several curious discoveries in chemistry, which, however, with the exception of a prize at the Academy of Sciences, procured him no real advantages; until his great discovery of embalming by means of a chemical preparation, which in a few years made him master of a large fortune. M. Gannal's account of his process was published in 1839, in this city, translated by the late Dr. Richard Harlan.—*Medical Examiner, Philadelphia.*

Case of Punctured Wound of the Abdomen, involving the Intestines—Artificial Anus—Recovery.—About four years ago, a young man, aged 25 years, in an affray was stabbed with a pocket-knife in the abdomen, on the left side, midway between the umbilicus and the anterior and superior spinous process of the ilium. The wound in the abdominal wall, as well as that of the intestine, was nearly an inch in breadth. As soon as he was stabbed, the intestine protruded, but it was immediately returned by a bystander. On his admission, the fecal matter was voided freely by the external wound. Finding such to be the case, a warm poultice was merely applied; antiphlogistic regimen was enjoined; he was afterwards put under the constitutional influence of mercury, and kept quiet. The feces gradually resumed the natural route; the external wound contracted, and by the end of a month it had closed entirely, when the man left the hospital, declaring, that save for his weakness, he never had felt better in his life. In this case, the adhesive inflammation had glued the intestine to the abdominal wall, so that the opening in the intestine continued to correspond with that in the wall. In a case where this did not occur, the attachment of the wounded gut to the wall, by means of suture, would be the only course to pursue; but in the example just cited, nature had obviated the necessity of any such proceeding. Perhaps, too, the natural position of the wounded gut had served to keep the two wounds in that apposition indispensably necessary for recovery.—*New Orleans Medical and Surgical Journal.*

Pennsylvania Hospital.—The Board of Managers of this Institution have resolved to appoint an additional attending surgeon, which increase will make the number of surgeons four, instead of three as at present. The election for this post will be held on the first Monday in May.—*Med. Examiner.*